

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5129 63-036016
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 002 Registrar's No.

FILED OCT 7 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN GRANDVIEW	
Length of stay in lb D.O.A.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) GENERAL Hospital		d. STREET ADDRESS (If outside, give location) 15314 Fuller	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JACK MILTON BROWN		4. DATE OF DEATH Month Day Year Sept. 20, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr. 20, 1933
9. AGE (last birthday) 30	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Floor Covering		11. BIRTHPLACE (City and state or country) Wheatland, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Floor Covering		10b. KIND OF BUSINESS OR INDUSTRY Henges & Co.	
13a. FATHER'S NAME EARL C. BROWN		13b. MOTHER'S MAIDEN NAME GLADYS ARNOLD	
14. NAME OF HUSBAND OR WIFE Patsy Ruth BROWN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.II	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Jack M. Brown 15314 Fuller	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock + Hemorrhage resulting from Crushing injuries of chest & laceration of heart DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car struck bridge	
20c. TIME OF INJURY Hour a.m. p.m. 9:20-63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY, TOWN, OR LOCATION Kansas City, Mo.	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at 12 50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Earl C. Cooley, M.D., Surgeon General, State of Missouri 22b. ADDRESS 6621 Prospect Ave. 92065 22c. DATE SIGNED Sept. 22, 1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Sept. 22, 1963	
23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery		23d. LOCATION (City, town, or county) (State) Lee's Summit, Mo.	
24. FUNERAL DIRECTOR Hinton Funeral Home Raytown, Mo.		25. DATE RECD. BY LOCAL REG. 9-20-63	
26. REGISTRAR'S SIGNATURE Bessie Smith			

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

Kealhofer MEDICAL CERTIFICATION

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Forrest D. Goldenow

Licensed Embalmer No.

4714

P. O. Address

K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.